

City Council
Len Torres, *President*
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City of Long Beach



City Manager
Jack Schnirman

Assistant Superintendent
of Parks and Recreation
Paul Ferrante

Parks & Recreation Department

Surf-Fit Fitness Class

This class will be held upstairs at the Long Beach Ice Arena.

Days: **Wednesdays** ☐ or **Thursdays** ☐

Times: **6:30pm-7:20pm** ☐ or **7:30pm – 8:20pm** ☐ (PLEASE CHECK TIME)

Schedule of Classes: Wednesdays

January	February	March
18 – 25	1 – 8 – 15 – 22	1 – 8 – 15

Schedule of Classes: Thursdays

January	February	March
19 – 26	2 – 9 – 16 – 23	2 – 9 – 16

Class description: Our class meets weekly for 10 weeks. This is a surf inspired program designed to help you build long and lean muscles, while engaging your core and improving your balance and stability. This workout will have you training like an athlete, building muscles, and engaging in body and mind challenges, while having fun at the same time! Gear up and get on board!

*****Limited space available*****

Fee: \$110

Make checks payable to City of Long Beach. Cash, Visa or MasterCard are also accepted.

Surf-Fit Fitness Class Winter 2017

**Put Telephone # on check

NAME _____ DOB _____ SEX _____

STREET _____ CITY _____

PHONE _____ E-MAIL _____

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Long Beach Parks & Recreation Department and the City of Long Beach, their representatives, successors, and assigns for any and all injuries suffered by me in said program. I attest and verify that I am physically fit and have sufficiently trained for the completion of this program and my physical condition has been verified by a licensed medical doctor. I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video, of me or my child while participating in this Recreation program.

Signature _____ Date _____

For Rec Use Only:

Receipt # _____ Amt Pd. _____ Date _____ Staff _____ Posted _____

EMERGENCY MEDICAL INFORMATION

(Please print clearly)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME _____ HOME PHONE # _____

AGE _____ SEX _____ BIRTH DATE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

EMPLOYER _____ PHONE _____

IN AN EMERGENCY PLEASE NOTIFY:

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP (to above) _____

1. HAS APPLICANT HAD ANY SERIOUS ILLNESS, INJURY OR OPERATION (if YES, give dates & explanations). _____

2. WILL APPLICANT BE TAKING ANY MEDICATION? (if YES, indicate types & effects). _____

3. DOES APPLICANT HAVE A PHYSICAL OR MENTAL DISABILITY THE INSTRUCTOR NEEDS TO BE AWARE OF FOR INSTRUCTIONAL MODIFICATIONS OR EMERGENCY PURPOSES? (if YES, please explain:) _____

Participant's Signature

Date

Physician's signature of approval to participate

Date